

**MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
OFFICE OF FOOD PROTECTION AND CONSUMER HEALTH SERVICES  
PERMITS AND LICENSES  
6 ST. PAUL STREET, SUITE 1301, BALTIMORE, MD 21202-1608**

**APPLICATION FOR A MILK TRUCK TANK OPERATOR'S PERMIT**

**RETURN TO: ABOVE ADDRESS**

**TELEPHONE # (410) 767-8444**

Application is hereby made for a Milk Truck Tank Operator's Permit in accordance with the MD Code Ann., Health-General Title 21, Subtitle 4.

**PLEASE PRINT**

<b>NAME &amp; ADDRESS</b>  _____  _____	<b>CHANGE OF NAME OR ADDRESS</b>  _____  _____
DATE OF BIRTH _____ TELEPHONE # (____) _____	<b>CHECK ONE</b>  <input type="checkbox"/> NEW APPLICANT OR <input type="checkbox"/> RENEWAL

Indicate with (X) if driver:    FULL-TIME (   )    PART-TIME (   )

**DATE OF LAST FIELD EVALUATION:** \_\_\_\_\_. If not within two years of the Expiration Date of your Permit, call the Div. Of Milk Control at (410) 767-8429 to schedule a field evaluation. **Renewal applications will not be processed without a current field evaluation.**

**Give full name and address of Milk Hauling firms or cooperatives for which you operate a bulk truck tank:**

NAME \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_

**FEE: SEND CHECK OR MONEY ORDER PAYABLE TO "THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE" FOR THE \$5.00 ANNUAL NON-REFUNDABLE APPLICATION FEE (DO NOT SEND CASH).**

I understand that issuance of this permit is conditional on my consent to allow inspections as necessary to determine compliance with applicable Laws and regulations. I also understand that failure to allow inspections may result in suspension or revocation of this permit.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

**DO NOT WRITE BELOW THIS LINE**

DATE RECEIVED \_\_\_\_\_ CHECK # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

PERMIT # \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

SERIAL # \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

DMC APPROVAL \_\_\_\_\_

DATE OF APPROVAL \_\_\_\_\_ (REV. 3/99)